

**Norridge Police Department
Accident Review Board**

Date Assigned	Member	Present	Excused	Unexcused
5/1/2003	Officer Malicki	X		
7/15/2016	Corporal Wendt	X		
10/01/2016	Officer Smith	X		
6/28/2017	Sergeant Rice	X		
07/01/18	Officer Ljubicic	X		

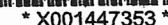
Review Date: 2/11/2019
Officer: Officer Boik #41

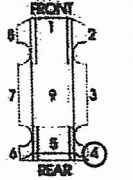
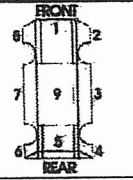
M/V Crash Incident Number: 19-001215
Squad: #518

1. Classification I
 - a. The incident was NON-Preventable and the employee was not at fault. Caution was apparently exercised.
 - b. The employee was legally parked or standing.
 - c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
 - d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.
2. Classification II
 - a. The employee failed to exercise reasonable and due care.
 - b. The employee deviated inexcusably from department rules, regulations, procedures and/or general safety practices.
 - c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed on 2a.

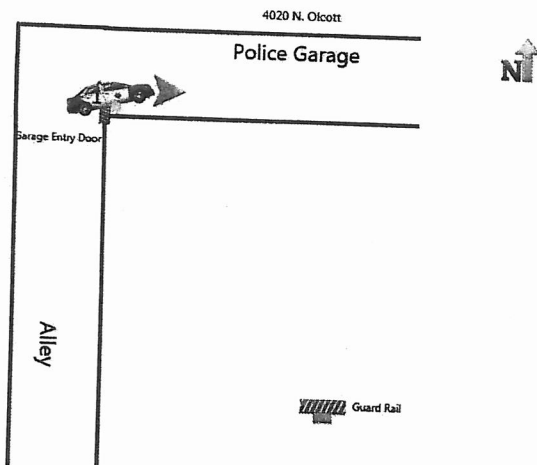
Sheet 1 of 1 Sheets



DRAC 1		U		PEDV U		TRFD 1		TRFC 1		WEAT 2		DRVA 99		U		VIS 1		U		VEHD 1		U		LGHT 5		COLL 7		MANV 1		U		PPA U		U		PPL U		U		* X001447353 *																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
INVESTIGATING AGENCY Norridge Police Department												DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input checked="" type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500												TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED												A No Injury / Drive Away <input checked="" type="checkbox"/> A B Injury and / or Tow Due To Crash <input type="checkbox"/> B												AGENCY CRASH REPORT NO. 19-001215												TRFW 13																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
ADDRESS NO. 4020												HIGHWAY OR STREET NAME N OLCOTT AVE												<input checked="" type="checkbox"/> City NORRIDGE Township <input type="checkbox"/>												INTERSECTION RELATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												DATE OF CRASH 2/7/2019												TIME 4:44 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM												LARS CODE												VEHT 15 U1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
(CIRCLE) <input type="checkbox"/> FT / MI N S E W												(CIRCLE) <input type="checkbox"/> AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)												COUNTY COOK												PRIVATE PROPERTY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO												CIRCLE DAY OF WEEK SU MO TU WE TH FR SA TH												NUMBER MOTOR VEHICLES INVLD 1												LARS CODE												U		NO.LANES																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED-NO DRIVER <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV BOIK, STEPHEN M												DATE OF BIRTH mo / day / yr [REDACTED]												MAKE FORD												MODEL EXPLORER												YEAR 2014												CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 4																								TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N HAZMAT SPILL <input type="checkbox"/> Y <input checked="" type="checkbox"/> N COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SDEBAR												1		ALIGN		1		RSUR		2		VEHU		6		U1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
STREET ADDRESS [REDACTED]												SEX M												SAFT 2												AIR 4												PLATE NO. MP10920												STATE IL												YEAR 2013												VIN 1FM5K8AR4EGC26001												INSURANCE CO. Mesirow Insurance Services												TELEPHONE (708) 453-0800												POLICY NO. BGA30005407												U		RDEF		1		BAC		96		U1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
CITY [REDACTED]												STATE IL												ZIP 60191												INJURY O												EJECT 1												VEHICLE OWNER (LAST, FIRST, M.I.) VILLAGE OF NORRIDGE												TAKEN TO												EEMS AGENCY												OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4000 N OLCOTT NORRIDGE, IL, 60706												TELEPHONE (708) 453-0800												POLICY NO. BGA30005407												U		NO. OCC		1		U1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED-NO DRIVER <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV												DATE OF BIRTH mo / day / yr												MAKE												MODEL												YEAR												CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT																								TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> Y <input type="checkbox"/> N HAZMAT SPILL <input type="checkbox"/> Y <input type="checkbox"/> N COM VEH <input type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SDEBAR												U		DIRP		1		U1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
STREET ADDRESS												SEX												SAFT												AIR												PLATE NO.												STATE												YEAR												VIN												INSURANCE CO.												TELEPHONE												POLICY NO.												U		NO. OCC		1		U1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
CITY												STATE												ZIP												INJURY												EJECT												VEHICLE OWNER (LAST, FIRST, M.I.)												TAKEN TO												EEMS AGENCY												OWNER ADDRESS (STREET, CITY, STATE, ZIP)												TELEPHONE												POLICY NO.												U		NO. OCC		1		U1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
(UNIT)												(SEAT)												(DOB)												(SEX)												(SAFT)												(AIR)												(INJ)												(EJECT)												PASSENGERS & WITNESSES ONLY												(NAME) / (ADDR) / (TEL)												(HOSP)												(EMS)												U		NO. OCC		1		U1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
1												2												3												4												5												6												7												8												9												10												11												12												13												14												15												16												17												18												19												20												21												22												23												24												25												26												27												28												29												30												31												32												33												34												35												36												37												38												39												40												41												42												43												44												45												46												47												48												49												50												51												52												53												54												55												56												57												58												59												60												61												62												63												64												65												66												67												68												69												70												71												72												73												74												75												76												77												78												79												80												81												82												83												84												85												86												87												88												89												90												91												92												93												94												95												96												97												98												99												100												101												102												103												104												105												106												107												108												1											

K001447353

A **Diagram** and **Narrative** are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.



NARRATIVE (Refer to vehicle by Unit No.)

On 2/7/19, at 0444 hours, I was informed of a motor vehicle accident that occurred at the Norridge Police Department parking garage, 4020 N. Olcott. Upon speaking the driver of Unit #1 I learned the following:

Driver of Unit #1 stated he reversed southbound from a parking space into the alley that leads to the parking garage. Unit #1 then proceeded forward (Northbound) veering to the right and in the process the passenger's side door made contact with the yellow parking guard rail causing damage. The guard rail that was struck was located on the south wall east of the garage overhead door. Unit #1 was attempting to exit the police garage onto Olcott Ave at the time accident.

No EMS. No TOW.

LOCAL USE ONLY

Motorist 1 Report No:

N 41.9534

Motorist Report No:

W -87.8146

U1 Color: **Black**

U Color:

U1 Towed by / to:

U1 Race:

U Race:

U Towed by / to:

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____

ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle? ☐ Yes ☐ No

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Yes ☐ No ☐ Unknown

Did HAZMAT Regulations violation contribute to the crash? ☐ Yes ☐ No ☐ Unknown

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Yes ☐ No ☐ Unknown

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Yes ☐ No ☐ Unk Out of Service? ☐ Yes ☐ No

MCS ☐ Yes ☐ No ☐ Unk Out of Service? ☐ Yes ☐ No

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? ☐ Yes ☐ No

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐

TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____ CITY NAME
CIRCLE ONE

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____



NORRIDGE POLICE DEPARTMENT



Employee Warning Notice

Name: Steven Boik Star #: 41 Date: February 13, 2018

TYPE OF VIOLATION				
Attendance	Carelessness	Insubordination	Late Arrival/Early Quit	
Failure to Follow Instructions	Rudeness Towards Citizens	Willful Damage to Equipment	Personal Business While on Duty	
Unsatisfactory Work Performance	Violations of Policy/Procedure	X Motor Vehicle Crash	Missing a Court Date	

Date of Violation: February 7, 2019 Time of Violation: 4:44 AM

DESCRIPTION OF VIOLATION:

Officer Boik while working patrol in marked Norridge Police unit 518 sideswiped a door protector in the police garage. The accident review board found Boik's crash to be classification 2A. The employee failed to exercise reasonable and due care. Per General order 14-04 (A-22). The very first incident of record for the employee in a rolling 24 month period a letter of reprimand will be issued.

OFFICER'S STATEMENT:

X I agree with the above description I disagree with the above description

My reason is: _____

[Signature]
Officer's Signature

41
Star #

2/17/19
Date

ACTION TAKEN	DATE	SUPERVISOR NAME & STAR
Verbal Warning		
X Written Warning	2/17/19	NICHOLAS RICE #202
Disciplinary Write-up		

CONSEQUENCES IF VIOLATION OCCURS AGAIN;

For a second classification II finding by the review board in a 24 month period a two day suspension without pay shall be imposed.

I have read and understand this warning;

[Signature] 41
Officer's Signature / Star#

2/17/19
Date

Supervisor Issuing Warning:

N. Rice #202
Supervisor's Signature / Star #

02/17/19
Date